| Case 17-30299 Doc 4 | | tered 10/10/17 12:17:26 ge 1 of 1 | Desc Main |
|---|--|--|---|
| Fill in this information to identify your case: Debtor 1 Debtor 1 | Nicks | UNITED STATES | E D BANKRUPTCY COURT ISTRICT OF ILLINOIS |
| First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name Last Name | | 10 2017 |
| 44 | District of Ostate) | | LLSTEADT, CLERK AKE 1 |
| | | | Check if this is ar amended filing |
| Official Form 103A | | | |
| Application for Individual | is to Pay the F | iling Fee in Instal | Iments 12/15 |
| Be as complete and accurate as possible. If two m information. | | | |
| Part 1: Specify Your Proposed Payment | Timetable | | |
| Which chapter of the Bankruptcy Code are you choosing to file under? | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☑ Chapter 13 | | |
| You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay. | You propose to pay | ☐ With the filing of the | Na/mais |
| You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable. | m 5 | On or before this date | 7 100 1777 6 09 2017 7 100 1777 7 120 18 |
| • | + \$ 77.50 | On or before this date | 107/2018 |
| Total | \$310.00 | ■ Your total must equal the entire fee for | or the chapter you checked in line 1. |
| Part 2: Sign Below | | | |
| By signing here, you state that you are unable to understand that: | pay the full filing fee at onc | e, that you want to pay the fee in in: | stallments, and that you |
| You must pay your entire filing fee before you repreparer, or anyone else for services in connections. | nake any more payments or tr | ansfer any more property to an attorne | y, bankruptcy petition |
| You must pay the entire fee no later than 120 c debts will not be discharged until your entire fe | lays after you first file for bankı | | our deadline. Your |
| If you do not make any payment when it is due may be affected. | | e dismissed, and your rights in other ba | inkruptcy proceedings |
| Signature of Debtor 1 Sig | gnature of Debtor 2 | * | |
| Date /0//0/20/7 MM / DD / YYYYY | | Your attorney's name | and signature, if you used one |

MM / DD / YYYY

MM / DD / YYYY